deoth.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FOR STATE HEALTH DEPT

y is necessary, if director. Page Files. TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any priplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the full did 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Byfar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

YE. AISME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
10049 MEDICAL EXAMINER'S CERTIFICAT	E OF DEATH 10049

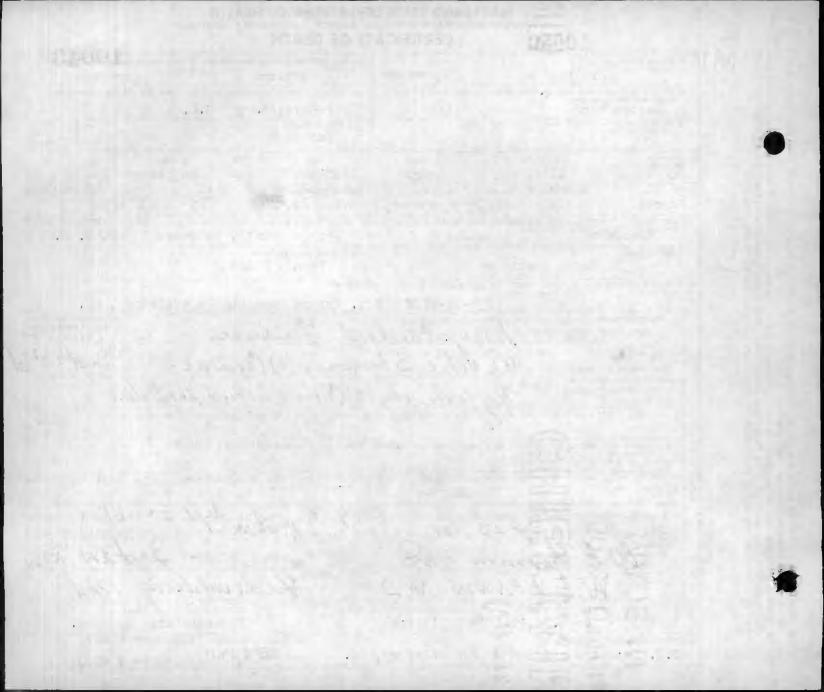
• 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where daceasad livad, If institution: Residence before admission)						
	a. COUNTY Caroline MARYLAND	a STATE Maryland b. COUNTY Caroline						
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)						
	Federalsburg - Rural 40 years d. Name of Hospital or Institution (if not in hospital, give street address)	Federalsburg = Rural						
		d. STREET ADDRESS a. IS RESIDENCE ON A FARM?						
	Williamsburg Road	WIIII ams durg Road YES X NO						
1	NAME OF First Middle DECEASED William Henry	Bramble Death September 14 1961						
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
1		September 4, 1878 ast birthday Months Days Hours Min.						
1	os. USUAL OCCUPATION (Give kind of work long during most of working life, even if retired) Refired Farmer Farm	11. BIRTHPLACE (State or foreign country) Dorchester Co., Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.						
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	William J. Bramble	Margaret Ann Coulbourne						
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1							
1	Ves, no, or unkown) (If yasgive war or datas of servica) NO 219-14-4724 Mm:	s. Mary M. Bramble, Federalsburg, Md., RFD						
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) TO THE WAS LETTER TO BE A COLOR TO THE MINISTRALLY							
	976× DUE TO							
		nd to ht Temple tommediale						
	gave rise to immediate causa (a), stating tha underlying DUE TO							
	cause last, (c)							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
T S		PERFORMED?						
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part I or Part II of Itam 18.)						
A	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLA	CE OF INJURY (Homa, farm, '20f. (City or lown) (County) (Stata)						
MEDICAL	Hour a.m. Whila Not White fects	pry, street, office bldg., etc.)						
	21. I certify that I took charge of the remains described above, he	d an Autopsy . Inspection . Inquiry . and in my opinion						
	death resulted from: Natural causes , Accident , Suici	de . Homicide . Undetermined manner .						
	A ac	CHIEF MEDICAL EXAMINER						
	SIGNATURE LAUSON T. Terono	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
-	EXAMINER'S Dawson O. George, M.D.	DEPUTY MEDICAL EXAMINER A 9-16-1961						
=	NAME (Type) 28. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	Address (Street, city, town, or county)						
12	REMOVAL (Specify)							
2	Burial Sept. 17, 1961 Hill Crest Cer	metery Federalsburg, Maryland						
		24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	J.J. Framptom and Son, Federalsburg, Mary	land DATES 20'81 Oction & Kings						

SAGOLS THAT TO PARTIES THE MAN AND ADDRESS TO SERVE Canal Continue of the second are the second of the second and the state of t Branche State Control of the Control the state of the s THE RESIDENCE THE PROPERTY OF THE PARTY OF T

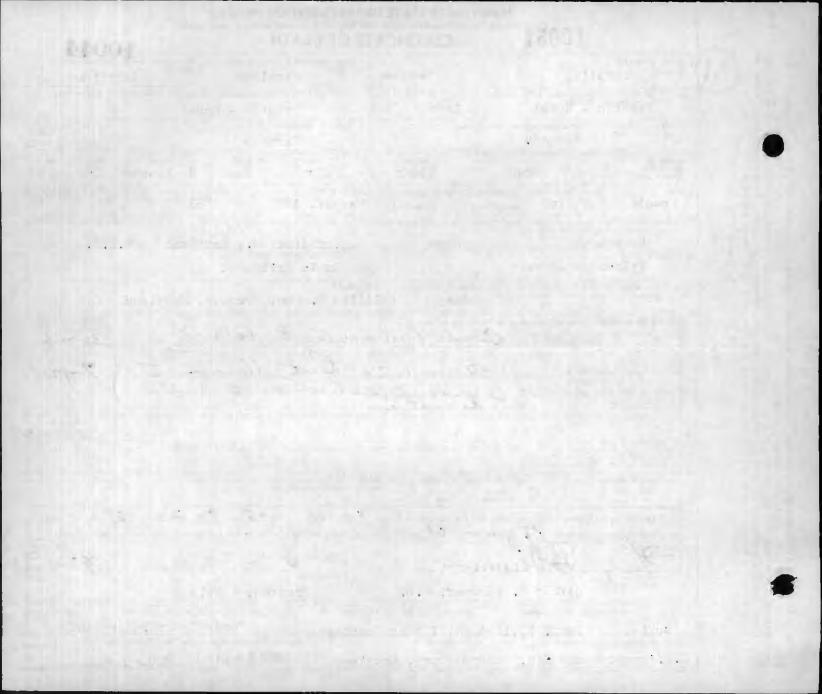
VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Caroline MARYLAND					O STATE			lived. If institution b. COUNTY	Residente Carol	line	g) m)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton Road Life					Y _	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Federalsburg R.D.					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	Oddress)		enton R	oad	,		ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	Fir Elizal		Middle Andrew	Bul	lock	4. DATE OF DEATH	Month Septem		Doy 23	Yeor 19 61
-	sex Female	6. COLOR OR RACE White	7. MARE	NEVER MARRIED DIVORCED	A aa d	1 24, 18			Mopiles 29		ER 24 HRS. Min.
100	during most of work	ON (Give kind of work a king life, even if retired OTK	done 10b.	KIND OF BUSINESS OR IN HOME	_	_		untry) Delaware		S. A	
13.	FATHER'S NAME	George Has	tings		1	Phenie		k			
		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO. 11 19-07-6178	Mrs. Ar	thur Ga	rgani	Addre Federals		Md.	
NO	42/2 / Conditions, if o gove rise to i couse (o), stoling lying couse lost.	mmediate DUE TO	(1)a	orfie S. Jeyfrofthe MITTERSTRIBUTING TO DEATH	Las Lenos y (3) (2) BUT NOT RELATE		Card Grfra	Cial.	Vation	Suff 2	23 (
CERTIFICATION	20g. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter notu	re of injury in I	Part I or Part	II of item 18.)		1	ORMED?
MEDICAL C	20c. TIME OF INJUR Hour o. m. p. m.		While	NJURY OCCURRED 20e. Not while k of work	PLACE OF INJU factory, street, o			or lown)	(Cour	nty)	(Stole)
	21. I certify the saw the decear 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		et 2	led the deceased fra 3 1961, and the m MND' NON MAL		DING MI	RAOM PROTOR D	he couses and STAFF PHYS. Cobline	1961. I an the de 1972	ate states	
234	BURIAL, CREMATIC REMOVAL (Specify)	Sept. 25,		23c. NAME OF CEMETER Hill Cres		Y		on (City, town, Si eralsburg		Md.	ote)
24.	J.J. Fran	s signature	on	ADDRESS Federalsbur	g, Md.	2So. REC'I	EP 2 9	. 4	TRAR'S SIGNA		



		10051		RYLAND STA STATISTICAL RESEA CERTIF	ARCH A		- BALTIN			16	004.4	
1.	o. COUNTY Cat	roline		MAR	rland	2. USUAL RESII a. STATE	Mary		lived. If institution b. COUNTY	_	e before ado	mission)
	b. CITY OR TOWN (RURAL and give n	If autside carporote limit earest tawn) on - Rural	s, write	Life	IN 1b	CITY OR T		iside carpore	ote limits, write R Rural	JRAL and gi	ive nearest t	awn)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g Harmony	ive street	address)		d. STREET A	DDRESS Harmo	ony			01	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Fire Gra		Middle Elme		Los Co		4. DATE OF DEATH	Septe		Day 20	Yeor 19 61
S.	Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRI		B. DATE OF BIRTI		1	AGE (In yeors lost birthday) yrs.		Days Ho	NDER 24 HR urs Min.
15.	House FATHER'S NAME Sylve	eking life, even if retired) Work ester Andrev ER IN U. S. ARMED FORI	/S CES? 16.	Home SOCIAL SECURITY NO None		14. MOTHER'S Anni	e Pri	AME tchett	aryland Addi	'ess	S.A.	
7	PART 1. DE. 42 Or Conditions, if c gove rise to couse (a), stating lying couse lost.	the under-	9	terrische	uls 4, le	rlerine	Turn	diser	sind	= }	30 Y	BETWEEN ND DEATH
CERTIFICATION	20a. ACCIDENT W	AS UNDERLYING O CAUSE OF DEATH MEDICAL EXAMINER		CONTRIBUTING TO DE						EN IN PARI	PE	RFORMED?
MEDICAL	20c. TIME OF INJUI Hour a.m.		r 20d. I While			ACE OF INJURY (ar tawn)	(C	ounty)	(Stat
		BJC Harold E	otten	ded the deceased	that a	M.D. PHYS. 22d. ADDR	d op: 30	MATOM I	he causes an	d on the	L, that () date sta	l) (we) lasted above 22b.DATE SIGNE
24.	BURIAL, CREMATIC REMOVAL (Specify Burial FUNERAL DIRECTOR J. J. Frampt	Sept. 23	,196	ADDRESS	st C	emetery	250. REC'C				ryland NATURE	Stote)



LAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Item 6 Film 0294 DSUAL RESIDENCE (Where deceased livad, If institution: Rasidence before edmission) PLACE OF DEATH e. COUNTY b, COUNTY MARYLAND director. b. CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give gearest town for your Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street, address) a. IS RESIDENCE ON A FARM? YES NO be retained State death. eath. If any NAME OF Middle 4. DATE Month Day DECEASED the (Type or print) DEATH 19 61 B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 2 will inthday) Months within 24 hours after de 18, Give Pages 1, 2, and DIVORCED [99 5 and 72 h 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page ! done during/most of working life, even if ratired) pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. (Yes, no, or unkown) | (Ifyesgive werordetes of service) with certificate should be executed Examiner's Office along w be used as a burial-transit pr 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) "pending" In pencil DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying eavs PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6) WAS AUTOPSY PERFORMED? 20 the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be YES NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL EXAMINER: burial, ute the certificate, writing 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stata) factory, streat, office bldg., etc.) Not Whila While 0 at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry D and in my opinion agent, Natural causes Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER [ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S plnods NAME (Typa) Address (Street DEP EMETERY OR CREMATON 22d, LOCATION (City, town, or country) 22a. BURIAL, CREMATION, REMOVAL (Specify) 40 6 OH ā. ADDRESS REGISTRAR 24b. REGISTRAR'S SIGNATUR 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 DATE

BLEES AC SENDENCE STREET, NAME OF STREET, STRE CALLED ! dente - The toward MITHER THANKS WATER FRANKING MENTERS DECK and the second was a fill and the second of the 150 Literate Dig and the Control of the State of

Pages 1 and 2-should within 24 hours after and TO HOSE IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, death. Fig. 4 may be retained by the hospital or attending physician. > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10047

١	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission)
1	county Maryland Maryland	B. STATE Mare Dand b. COUNTY Carelina
I	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b	
I	write_RURAL and give nearest town)	* VF 0 - 0
ł	d NAME OF HOSPITAL OR WIST TUTION (f not in hospital, give street address)	d. STREET ADDRESS 10. IS RESIDENCE
ı	TARRE OF THE ON BIOT TOTAL THE STORY AND ACCOUNTS	ON A FARM?
٠,	Co Marinos	Jennice & Lebourd and YES NOW,
1	3. NAME OF Frst M.ddle	OF C
	[Type or pr nt] [LAYTEN_ YYRIGHT	- LARRIMORE DEATH Sept 28 1961
ł	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR ED	8. DATE OF BIRTH 9 AGE (n years .F UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
١	Male White WIDOWED DIVORCED	Se \$ + 21 - 1879 83 yrs.
	10e. USJAL OCCUPATION (Give kind of work 10b, KIND OF BUS NESS OR INDUS' done our no most of working life, even if retired)	TRY 1 BRTHPLACE County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Kitered tarmer	Interitary 16 2Al Med USA
-[13. FATHER'S NAME OF	14. MOTHER'S MA DEN NAME
П	500 4	Glicket Cartin
	15. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no, or Inkown) (If yes give war or dates of service)	his hard Real March
1	18. CRUSE OF DEATH [Enter on y one cause per I ne for (a) (b), and (c),	un Mary Marrisuare Magely The STERVA, BETWEEN
J	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1	IMMEDIATE CAUSE (6)	1 1 WW. 10 212.
1	DUE TO LIGHT !	Turned Co
	Conditions, if eny, which (b)_	- Sereing
	gave rise to immediate cause (a), stating the underlying DUE TO	ev. Mesen 1 .
ı	ceuse last. (c)	
3	PART II. OTHER S GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED?
	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INTERLY OCCUR.	YES NO 🔀
	208. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Pert I or Pert II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
1	20c. TIME OF INJURY Month, Day, Year , 20d. INJURY OCCURRED 20e. P.	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
	Hour e.m.	ectory, street, office bldg., etc.}
		Mark - 105 by Star 100 that (1) (worker
	21. I certify that (I) (this-hospital) attended the deceased from	1 4
ı		at death occured at
	22a, SIGNATURE	ATTENDING MED. STAFF
		M D PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type, CHUIN DACATT M	N. RACELL MAD
		0 4 - 7 7 7 00 -
	REMOVAL (Specify)	Y OR GREMATORY 23d. LOCATION (City, town or county) (State)
	Burnal Wet 2-1961 Chesters	reld Cintrevite Md
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	In large Sarting datha Dep Cutine	LE /kg DAYE



CERTIFICATE OF DEATH 10054 with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE filed **6. COUNTY** MARYLAND Manyland Caraline b CITY OR TOWN (if outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) þe RURAL and give nearest town) Denton R. F. D. shauld Dantan d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YEST NO | Middle 4. DATE First Low Manth Day Yeor DECEASED (Type or print) Dersey R. Nichels DEATH Sept. 1967 7 MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH lost birthday) Months Doys Hours DIVORCED | 1900 WIDOWED | Male n papers 10a. USUAL OCCJPATION (Give kind of wark done during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Marvland pan First a Cit ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 9 Lydia Patton Oscar Nichels гетоме 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address P16-14-9054 Mrs. Dorsey Nichols Denton. CAUSE OF DEATH [Enter only one couge per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH 풉 PART I, DEATH WAS CAUSED BY 2 48axs IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate Per DUE TO couse (a), stoting the underlying couse last. PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO 199 PERFORMED? YES NO P 20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 120f (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) Hour a.m. While Not while ol wark al wark p. m. EV 7226 195 19 19 that I last saw the deceased 21. I certify that I attended the deceased fram Nac to detached buria _, and that death occurred at 1.30 M, from the causes and an the date stated above. ما 19 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE be 3 shauld PHYSICIAN'S NAME (Type) NOVU 220 BURIAL, CREMATION, 22b. DATE THEREOF 228 LOCATION (City, town, or county) 22% NAME OF CEMETERY OR CREMATORY (State) page REMOVAL (Specify) Federalsburg, Cem. 9-26-61 Hillcrest Burial 240 REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE VS A15 (4) aleman 2 9 '61 Federalsburg, Md DATE O.I. 9 4 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director,

funerol

Filled

lely

сошрі

рио

physicion

attending

signed

been

has

certificate

After this

hed by the DIRECTOR: /

TO FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Caroline	MARYLAND	2 USUAL RESIDENCE (Where dec	eased lived. If institution Residence b. COUNTY Car	ce before admission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg						
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION 219 Morris Av		d. STREET ADDRESS	is Avenue	e. IS RESIDENCE ON A FARM? YES NO IX				
	Clide			113 110 12				
3 NAME OF First DECEASED (Type ar print) John	Middle	Oertel 4. DA		29 19 61				
5. SEX 6. COLOR OR RACE 7 MJ	ARRIED NEVER MARRIED	8. DATE OF BIRTH		1 YEAR IF UNDER 24 HRS				
Male White WIDO	OWED 💆 DIVORCED 🗌	August 23, 188		Days Hours Min				
10a. USUAL OCCUPATION (Give kind of work done 10	0b. KIND OF BUSINESS OR INDU			ZEN OF WHAT COUNTRY?				
during most of working life, even if retired Retired House Painter	Painting	Baltimore, M	aryland U.	.S.A.				
13. FATHER'S NAME No data available		No data av	ailable					
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 II	NFORMANT	Address					
(Yes, no, or unknown) (If yes, give wor or dates of service)		R. Russell Edgell	, Federalsburg,	Maryland				
420.0 DUE TO	Acute Coronar			interval Between minutes 15 yrd.				
gave rise to immediate cause (a), stating the under-	gave rise to immediate DUE TO							
PART II. OTHER SIGNIFICANT CONDITION				F I(a) 19 WAS AUTOPSY PERFORMED?				
[3]				YES NO K				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I a						
Hour a.m. Wh	nile Not while far wark ot wark	ACE OF INJURY (Home, form, 20f. ctory, street, office bldg, etc.)		County) (Stote)				
21. I certify that (I) (this haspital) atte								
saw the deceased alive an Sept.	27_1967 and that c	leath accurred at UF_M, fr	am the causes and an the					
220 SIGNATURE	non el	M.D. ATTENDING MED DIRECTOR	STAFF PHYS	22b. DATE SIGNED 9.30.61				
22c. PHYSICIAN'S NAME (Type) H. R. Trap	nell, M.D.	22d. ADDRESS Federals	burg Marylar					
230 BUR AL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d L	OCATION (City town, ar county)	(State)				
Burial Oct. 1, 196			ederalsburg, Man	ryland				
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY R		GNATURE				
J. J. Framptom and Son,	Federalsburg, h	daryland DATE DEL	2 '61 arthur	8. King				



1 %

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10056

CERTIFICATE OF DEATH 10050

1.	PLACE OF DEAT	H			2.	USUAL RESIDE	ENCE	(Where dace			dence before	adm ssion)
	e. CODIAIS	Caro	line	MARYLA	OIG	a. STATE	23.42	land	b. COUN	Cama	1400	
-	b. CITY OR TOWN	(if outside corporete lind give nearest town)		c. LENGTH OF STAY		c. CITY OR TOWN	service of F		ate limits, write	RURAL and g	ive neerest to	wn)
	Golds		1	42 Yrs		Golds	har	ro				
			(if not in hosp	ital, giva street address		d. STREET ADDRES						ESIDENCE
		None					7	None				A FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Lest		DATE	Month	,	Day Yes	17 TO 18
	(Type or print)	Hazel	7	Blanche	Si	mpson_		OF DEATH	0	22	19	61
5.	SEX			NEVER MARRIED	B. D.	ATÉ OF BIRTH			AGE (In years			R 24 HRS.
F.	emale	White	WIDOWED	=	=	11-1919		}	lest birthdey) LO yrs. [Months Da	ys Hours	Mîn.
10	. USUAL OCCUPAT	ION (Give kind of wo orking life, even if reti	rk 10b. KIN	ID OF BUSINESS OR IN			ounty		7-7	12, CITIZE	N OF WHAT	COUNTRY?
"	Housewi			None		Maryl	and	3		77	S.A.	
13.	FATHER'S NAME				14	MOTHER S MAID	EN NA	AME	**		1-2-0 53-0	•
		John Bic	kling			Cora T	hor	rne				
15.	. WAS DECEASED EV	ER NU.S. ARMED FO	RCES? 16. 5	OCIAL SECURITY NO.	17. INF	DRMANT		to for the	Address			**
l 'i	No	,,		5-18-4805	Cha	rles A.	Bi	icklin	no Gol	dehor	o Ma	
			ne causa per lin	e for (a), (b), and (c).		1200 44		L W 2h	46 002	LOUGI	INTERVAL BE	
	PART I, DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE (1)	Metast	tic	Curcino	and a	02 ±	المناسبة	المدة تعا		-
	1 ?	DUE TO	0	לסנימיל.	מ מוניי	- In ur	13 (2 1 20 0	INCO STORE	T A T C		
	Conditions, if en	11)	Sausmo	210 0	ell care	1	Taller Taller	6			
	gave rise to immed (a), stelling the i	DISC TO	0	70.72	TTT	1	نفیل س ح			17.		
	cause lest.	Inderlying (ف سالمي	444	(C Livic	1	rior,	7 5/11	3/(1)		
Z	PART II. OTHE	R SIGNIF.CANT CON	TIONS CONT	RIBUTING TO DEATH	BUT NÕT RI	LATED TO THE TER	MINA	L DISEASE CO	ONDITION GIV	EN IN PART I		
CATION											YES T	DRMED?
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH	1	RIBE HOW INJURY O	CCURED. (Er	ter nature of injury	in Per	t I or Pert II o	f (tam 18.)		,	
3	20c. TIME OF INJU	JRY Month, Day, Y	ear 2Dd, Ih	NJURY OCCURRED 2		OF INJURY (Home, f		20f. (City o	er town)	(County)	(Stete)
MEDICAL	Hour a.m.	10	While at work	Not While	factory,	street, office bldg.,	elc.)					
_	p.m.	that (I) (this harr		ed the deceased	from II	ov 1	19	67. to	Sont	22 19 5	7 that (I)	(we) last
	_		*	1951. , and		- /	- 1					
	22e. SIGNATURE		7	+	a 111di (70							DATE
	1 1/11	1. Con H	21/00	cesiter	M.D.	ATTENDING PHYS.	MED	D. ECTOR	PHYS.			SIGNED
	22c PHYS CIAN'S		- V_L	7.	-	22d ADDRESS		-				
	NAME (Type	hirl	Ster	FINM	D	Grain	1	ore.	hen Letter			
23	a. BURIAL, CREMAT	ON, 236. DATE TH	EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY			ION (City, tow	vn or county)	(5	itele)
	REMOYAL (Specify BUT181	9-25-	61	Greensb	oro			Gree	ensbor	o. Ma	rvlan	đ
24	FUNERAL DIRECTO	R'S SIGNATURE	00	ADDRESS	70-	25e.	REC'D	BY REGISTR	AR 25b. REC	-T-1	-	
	7.6.13m	elain 1	Gree	nsborn	ma	DATE	EP 2	2 6 '61	Ciro	lung S. FER	aud.	
1-43	Z_40130 , 2	Carlotte Carlotte Carlotte	V		-							

TO HOSS.

L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. If 4 may be retained by the hospital or altending physician.

Y TO FUNENAL DIRECTOR: After this certificate has been signed by the attending Thymician and complete. Find the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

15M 9/60

.

.

..

1 40			MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMOR	E, 18
***			10057 CERTIFICATI	E OF DEATH	Reg. PIN N 5.1
directo	MA	ľ	CAROLD NE MARYLAND	USUAL RESIDENCE (Where deceased lived. If it a. SMF ARY LAND b. CO	astitution: Residence before admission UNITY CAROLENE
funeral	IAI		1) ENTON 50920	c. CITY OR TOWN (F outside corporate limits, w	vrite RURAL and give nearest tawn)
urs often	X		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
n 24 ha filled in jes 1 an	_ 1		IAME OF FERENCY First SAULSBURY	SPARKS OF DEATH SE	Month Day Year 20 196/
d within	I)	5. 5		ライ フ <i>カ 1878</i> 製物	years IF UNDER 1 YEAR IF UNDER 24 HRS.
executer and compound paper death.		10a	USUAL OCCUPATION (Give kind of work done during mont of working life, even if retired) Towns Owner	11 BIRTHPLACE (State or foreign country) MARGULANO	12. CITIZEN OF WHAT COUNTRY?
ician ar e carbo		13.	ATHER'S NAME DY SPARKS	MOTHER'S MAIDEN NAME	
rentific ng phys e remav 72 hour		1S. {Yes	NAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFOR	To. Saulobury	Laddress Denton Mg.
attendi attendi n pleas t within			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Inf	farction progressi	ve interval between onset and death 8 yr
by the lit. The ny even			Conditions, if ony, which) Coronary Thron	nbosis	8 yr
requires on. signéd sit perm nd in o			gave rise to immediate couse (a), stating the under-lying couse lost. DUE TO Coronary arter	rio-sclerosis	8 yr
physicis physicis nas beer rial-tran naval, a	>	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO A
IAN: The sending ficate has but the but.		L CERTIFI	20°. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION OF COURSED. (En	nter nature of injury in Part I or Part II of item II	B.)
PHYSIC of or atl his certi use as		MEDICAI	Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jr. p. m. 19 While of work at work	OF INJURY IHame, farm, 20f. (City or tawn) street, affice bldg., etc.)	(County) (State)
toling hospite After the hed for riol, cre	1		21. I certify that I attended the deceased from 12-31-37	, 19 Sep1-20-61 , 19 curred at 2:30 A M, from the cour	2,that I last saw the deceased
ATTEN by the ECTOR: be defoced ar to bu			ACTUAL STANKTURE STANKTURE	ADDRESS (Street, city or 406 Market St	
AL CAR Should b			PHYSICIAN'S E. Paul Knotts M.D.	Denton, Md	
HOSPH noy be FUNER ooge 3 i		220	QURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CRE REMOVAL (Specify) Sept. ZZ, 1961 Creen	EMATORY 22d. LOCATION (City, I)	gwn, or county) (State)
VS A15 (4)		£ /	HIREAN OLDECTOR'S SIGNATURE Son Deuten	Md.	REGISTRAR'S SIGNATURE
12111 1793					2. 194



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

* 2 90510265 Telegate Labour Lab. TO LAND A Alexander and a supplier of the same J. Themas Turners in the second of more a common de la composición del composición de la composición

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event within 72 haurs ofter death. TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 10059 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

 		4	11115
1.	PLACE OF DEATH O. COUNTY AVO I'ME MARYLAND	2. USUAL RESIDENCE (Where deceased fived. If institution: Re o. STATE NAME of the COUNTY	AVO (A P
	b. CITY OR TOWN (If cylside carporate limits, write RURAL grid give nearest town)	c CITX OR TOWN Ut outside corporate limits, write RURAL	7770
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS/	e. IS RESIDENCE ON A FARM?
		1524 High Street	YES NO
	NAME OF First Middle (Type or print)	NV: oh t 4. DATE OF DEATH SOFT.	Day Yeor
5. 3	AAAA	1997 lost birthday) Man	NDER 1 YEAR IF UNDER 24 HRS.
10	YHP PGVO WIDOWED DIVORCED	100 / 14 yrs.	
100	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if relired) HOOVE	Ceorgia	U.S. A.
13.	FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN	
(Ye	es, no, or unknown) (If yes, give war or dates of service)	HORMANT Address Address	- to wal
14	INKNOWA I	Desire Ropins	entry /x d.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	referal Tematrhage	INTERVAL BETWEEN
	331 X DUE TO ALADO STATES	101	3-Thus
	Conditions, it ony, which gave rise to immediate		- Jan
	cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)		
ON N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	X Makella	Melitus	YES NO
CERTIFICATION		D. (Enter noture of injury in Port I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for While Not while	ACE OF INJURY (Home, form, 20f. (City.or town)	(County) (State)
WEC	Haur a. m. 19 While Not while of work at work	1 16	1,
	21. I certify that (1) (this hospital) attended the deceased from	111 19 10/10/17	that (I) (we) last
	saw the deceased alive on 1991, and that a	death accurred at 15 M, from the causes and on	the date stated above.
	220. SIGNATURE		22b. DATE SIGNED
		M.D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S HAME (Type) H.L. SMA LL, M.D.	22d ADDRESS DEMON, M	
230	REMOVAL (Specify)	R CREMATORY 23d SATION (City, town, or cou	nty) (Stote)
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. RECID, BY, REGISTRAR 25b. REGISTRAR	S SIGNATURE
1	Cames. Duskiell - THOION, NI	O . DATE	

